

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE STAMP (received)
AUG 27 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-0351
Date: 9-04-14
Amount Paid: \$185 8.28.14
Refund:

\$125

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Grace Baptist Church
Address of Property: 6030 Mitchell Rd
City/State/Zip: Iron River, WI 54847
Telephone: 715 372-4110
Cell Phone:

Contractor: self
Contractor Phone: Plumber:
Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Name: Harvey Anderson
Agent Phone: 372-4322
Agent Mailing Address (include City/State/Zip):
City/State/Zip: Iron River, WI 54847

PROJECT LOCATION: NW 1/4, NW 1/4
Legal Description: (Use Tax Statement)
PIN: (23 digits) 04-022-2-47-09-01-202-000-3000
Recorded Document: (i.e. Property Ownership)
Volume 205
Page(s) 130

Section 1, Township 47 N, Range 9 W
Town of: Hughes
Lot Size: Acreage 40

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?
If Yes---continue -->
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If Yes---continue -->

Distance Structure is from Shoreline: feet
Distance Structure is from Shoreline: feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|--|--|---|--|--|---|--|
| \$1,000 | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) | Specify Type: <u>Ceiling</u> |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input checked="" type="checkbox"/> Foundation | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> None | <input type="checkbox"/> |

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length: 20' Width: 14' Height: 16'

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|--|---|------------|----------------|
| <input type="checkbox"/> Residential Use | Principal Structure (first structure on property) | () X () | |
| | Residence (i.e. cabin, hunting shack, etc.) | () X () | |
| | with Loft | () X () | |
| | with a Porch | () X () | |
| | with (2 nd) Deck | () X () | |
| | with (2 nd) Deck | () X () | |
| | with Attached Garage | () X () | |
| <input checked="" type="checkbox"/> Commercial Use | Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) | () X () | |
| | Mobile Home (manufactured date) | () X () | |
| | Addition/Alteration (specify) | () X () | |
| <input type="checkbox"/> Sanitary Use | Accessory Building (specify) <u>garage</u> | (14 X 20) | 280 |
| | Accessory Building Addition/Alteration (specify) | () X () | |
| | Rec'd for Issuance | () X () | |
| | SPECIAL USE: (explain) | () X () | |
| | CONDITIONAL USE: (explain) | () X () | |
| | Other: (explain) | () X () | |
| | SEP 11 2014 | () X () | |
| | Secretarial Staff | () X () | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners, use on the Deed All Owners must sign a letter(s) of authorization must accompany this application)
Authorized Agent: Harvey Anderson
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Date: 8/22/2014
Address to send permit: Same as above
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

LETTER OF AUTH? APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
WHO CAN SIGN??

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| <i>Mitchell Rd</i> Setback from the Centerline of Platted Road | 210+ Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | 180+ Feet | Setback from the River, Stream, Creek | NA Feet |
| Setback from the North Lot Line | 250+ Feet | Setback from the Bank or Bluff | NA Feet |
| Setback from the South Lot Line | NA Feet | Setback from Wetland | NA Feet |
| Setback from the West Lot Line | 180+ Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 130+ Feet | Elevation of Floodplain | NA Feet |
| Setback to Septic Tank or Holding Tank | 40+ Feet | Setback to Well | 50+ Feet |
| Setback to Drain Field | any well | | |
| Setback to Privy (Portable, Composting) | NA Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

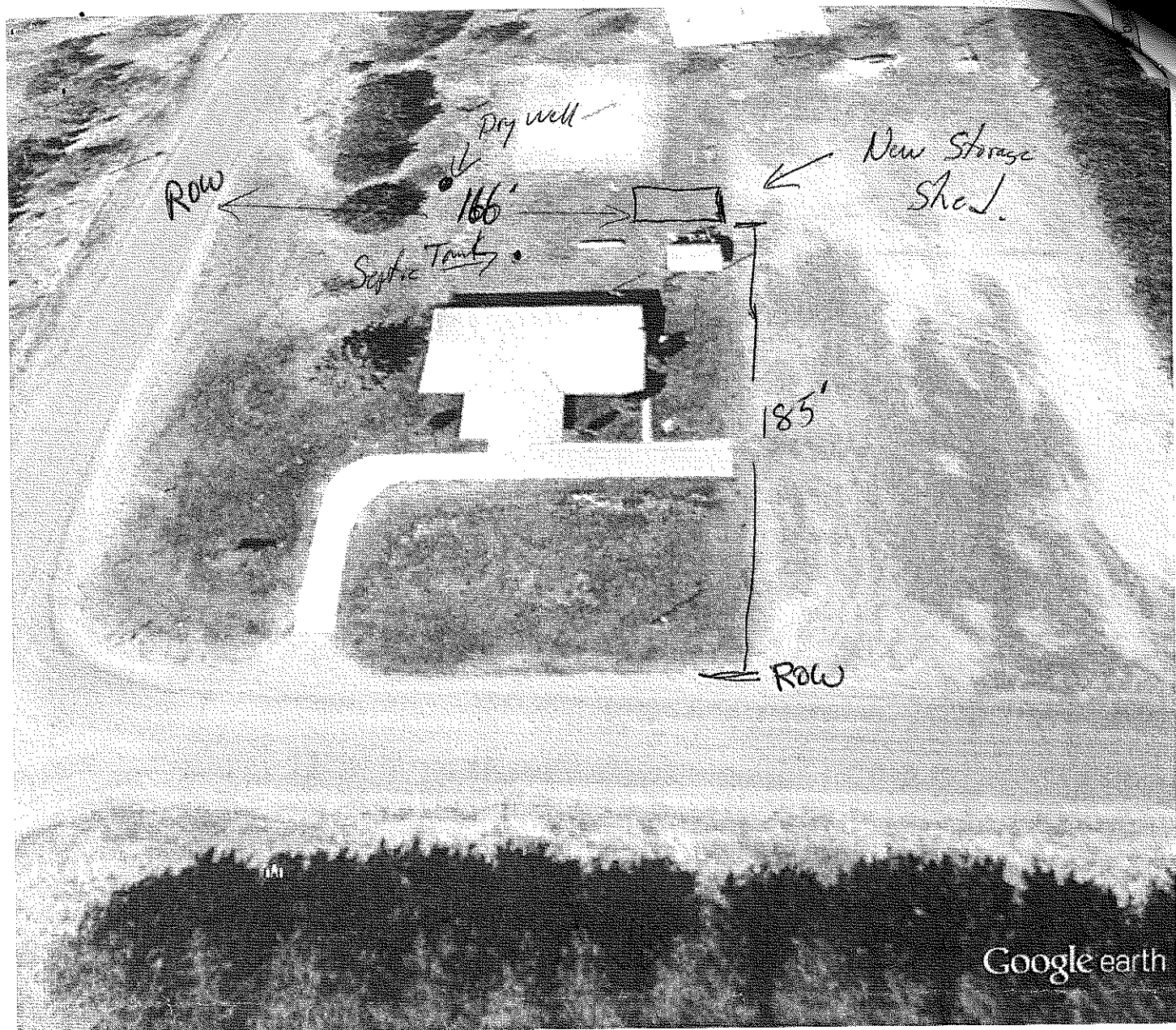
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | | |
|---|---|--|---|---|-----------------------|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | | Sanitary Date: | | |
| Permit Denied (Date): | | Reason for Denial: | | | | | |
| Permit #: <i>14-0851</i> | | Permit Date: <i>9-24-14</i> | | | | | |
| Is Parcel a Sub-Standard lot | <input checked="" type="checkbox"/> Yes (Deed of Record) | <input type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lots) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | | |
| Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | | Case #: | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Inspection Record: | | | | | | | |
| <i>well staked. Meet all setbacks.</i> | | | | | | | |
| Date of Inspection: | <i>9-5-14</i> | Inspected by: | <i>MM, Frutale</i> | | | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) | | | | | | | |
| <i>May not be used for human habitation. No water under pressure in structure.</i> | | | | | | | |
| <i>No plumbing fixtures in structure.</i> | | | | | | | |
| Signature of Inspector: | | <i>Michael Frutale</i> | | | | Date of Approval: | <i>9-23-14</i> |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input checked="" type="checkbox"/> Ltr of Auth | | | |

N



Google earth

feet 100
meters 30

S



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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

SEP 19 2014

Bayfield Co. Zoning Dept.

ENTERED

\$125

| | |
|--------------|---------------|
| Permit #: | 14-0359 |
| Date: | 9-25-14 |
| Amount Paid: | \$185 9-28-14 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
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| | | | | | | | |
|---|--|---|--|--|---|---|---|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | | | | | |
| Owner's Name: Timothy & Deborah Landgreen | Mailing Address: 6330 Mitchell Rd Iron River, WI 54847 | Telephone: 715 373-5361 | | | | | |
| Address of Property: 69420 Airport Rd | City/State/Zip: Iron River, WI 54847 | Cell Phone: 715-813-0685 | | | | | |
| Contractor: Self | Contractor Phone: | Plumber Phone: | | | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | | | | | |
| PROJECT LOCATION: SE 1/4, SW 1/4, 1/4' 1/4' N+ E of Rd 1st part of E 900' N+ E of Rd | Legal Description: (Use Tax Statement) | PIN: (23 digits) 04-032-2-47-09-01-2 04-000-11000 | | | | | |
| Gov't Lot | Lot(s) | CSM | Vol & Page | Lot(s) No. | Block(s) No. | Subdivision: | Recorded Document: (i.e. Property Ownership) Volume 987 Page(s) 165 |
| Section 9 | Township 47 | N. Range 9 | W | Town of: Hughes | | Lot Size | Acres 40 |
| <input type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If Yes--continue → | Distance Structure is from Shoreline: feet | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue → | Distance Structure is from Shoreline: feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO | |
| <input checked="" type="checkbox"/> Non-Shoreland | | | | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|--|--|---|---|---|---|--|
| \$2,000 | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round | <input type="checkbox"/> 1 <input type="checkbox"/> 2 | <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>Colu</u> | <input type="checkbox"/> City <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Colu</u> | <input type="checkbox"/> |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> | <input type="checkbox"/> 3 | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> None | <input type="checkbox"/> |

| | | | |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: | Height: |

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | with Loft | (X) | |
| | with a Porch | (X) | |
| | with (2 nd) Porch | (X) | |
| | with a Deck | (X) | |
| | with (2 nd) Deck | (X) | |
| <input checked="" type="checkbox"/> Commercial Use | with Attached Garage | (X) | |
| | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | Mobile Home (manufactured date) | (X) | |
| | Addition/Alteration (specify) | (X) | |
| | Accessory Building (specify) <u>wedding arbor</u> | (14 x 28) | 392 |
| | Accessory Building Addition/Alteration (specify) | (X) | |
| <input type="checkbox"/> Municipal Use | Special Use: (explain) | (X) | |
| | Conditional Use: (explain) | (X) | |
| | Other: (explain) | (X) | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Timothy & Deborah Landgreen
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 9-17-14

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 6330 Mitchell Rd, Iron River, WI 54847

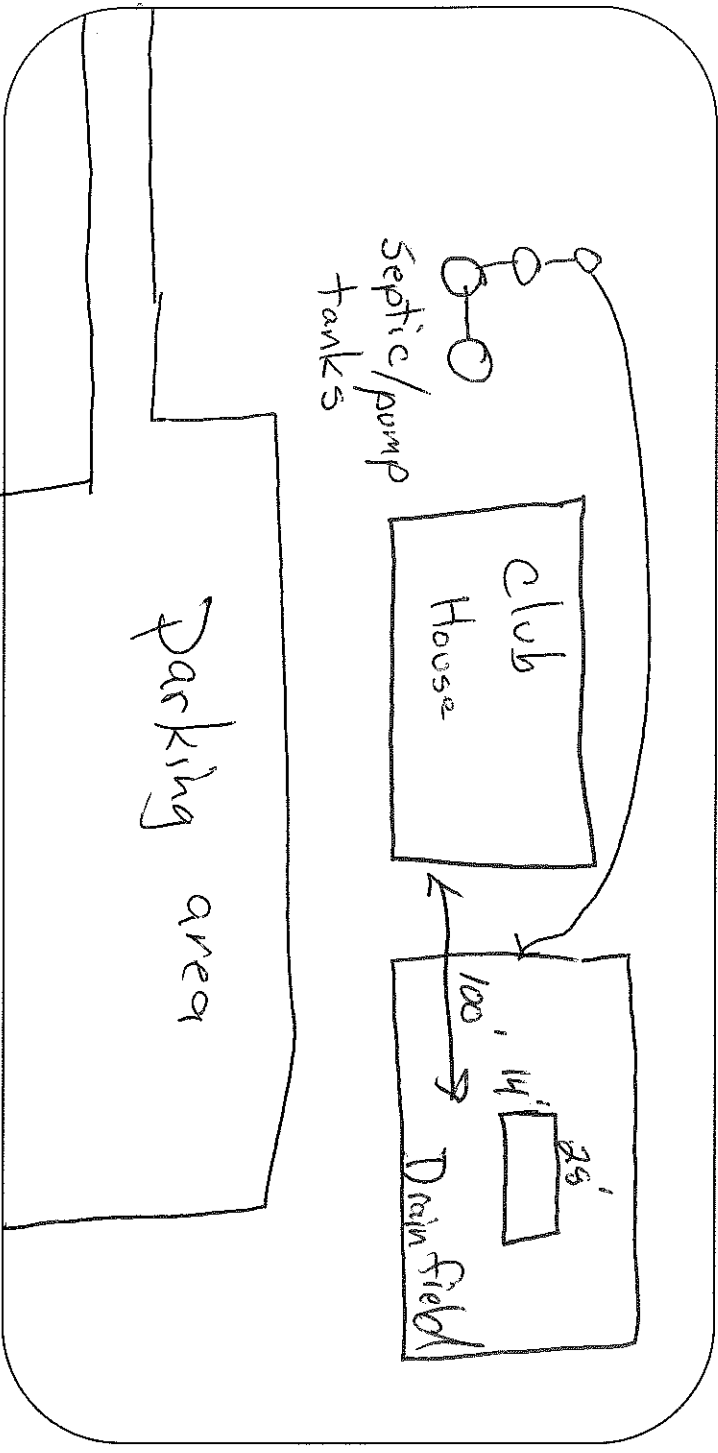
If you recently purchased the property send your Recorded Deed

Attach

Copy of Tax Statement

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| Setback from the North Lot Line | Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|---|---|---|---|--------------------------|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: <u>41-0359</u> | | Permit Date: <u>9-25-14</u> | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Deed of Record) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Case #: | | Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | | |
| Inspection Record: | | Zoning District (F-1) | | |
| <u>Meets all setbacks.</u> | | Lakes Classification (<u>NA</u>) | | |
| Date of Inspection: <u>9-25-14</u> | Inspected by: <u>M. Fucile</u> | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No –(If No they need to be attached.) | | | | |
| <u>May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.</u> | | | | |
| Signature of Inspector: <u>Michael Gatala</u> | | Date of Approval: <u>9-26-14</u> | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

| | |
|--------------|---------|
| Permit #: | 14-0366 |
| Date: | 9-29-14 |
| Amount Paid: | \$185 |
| Refund: | 9-18-14 |

Date Stamp (received)
SEP 18 2014
Bayfield Co Zoning Dept

INSTRUCTIONS: No permits will be issued until all fees are paid.
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| | | | |
|---|--|---|---|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: Richard & Jody Halet | Mailing Address: 1149 Edgewood Pl Champion, MN | City/State/Zip: 55316 | Telephone: 763 323 7160 |
| Address of Property: 2150 Aud Hwy 2 | | City/State/Zip: | Cell Phone: 612 749 6496 |
| Contractor: Northland Buildings | | Contractor Phone: 214-2258 | Plumber: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | Agent Phone: | Agent Mailing Address (include City/State/Zip): |
| PROJECT LOCATION 1/4 SW 1/4 | | PIN: (23 digits) 04-022-2-47-09-08-303000 | Recorded Document: (i.e. Property Ownership) Volume 1185 Pages 575 |
| Legal Description: (Use Tax Statement) | | Gov't Lot | Lot(s) |
| CSD | | Vol & Page | Lot(s) No. |
| Section 8, Township 47 N, Range 09 W | | Block(s) No. | |
| Town of: Hughes | | Subdivision: | |
| Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? → | | Distance Structure is from Shoreline: _____ feet | |
| Is Property/Land within 1000 feet of Lake, Pond or Flowage | | Distance Structure is from Shoreline: _____ feet | |
| If yes--Continue → | | If yes--Continue → | |
| <input checked="" type="checkbox"/> Non-Shoreland | | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|---|--|--|--|-------------------------------|
| Value at Time of Completion * include donated time & material | \$28,000 | | | | |
| Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
| <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary | <input type="checkbox"/> Well |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | |
| <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) | |
| <input type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> No Basement | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| <input type="checkbox"/> | <input type="checkbox"/> Foundation | <input type="checkbox"/> | <input checked="" type="checkbox"/> Compost Toilet | <input checked="" type="checkbox"/> None | None |

| | | | |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: | Height: |

| | | | | |
|---|--|-----------------------|------------|----------------|
| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> Principal Structure (first structure on property) | 1 pole barn see below | 145' x 45' | 2025 |
| | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | | | |
| | with Loft | | | |
| | with a Porch | | | |
| | with (2 nd) Porch | | | |
| | with a Deck | | | |
| | with (2 nd) Deck | | | |
| <input type="checkbox"/> Commercial Use | with Attached Garage | | | |
| | Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities | | | |
| | Mobile Home (manufactured date) | | | |
| | Addition/Alteration (specify) | | | |
| <input type="checkbox"/> Municipal Use | <input checked="" type="checkbox"/> Accessory Building (specify) pole barn see above | | | |
| | Accessory Building Addition/Alteration (specify) | | | |
| Per'd for Issuance | <input type="checkbox"/> Special Use: (explain) | | | |
| | <input type="checkbox"/> Conditional Use: (explain) | | | |
| | <input type="checkbox"/> Other: (explain) | | | |
| Secretarial Staff | | | | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further acknowledge that any may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

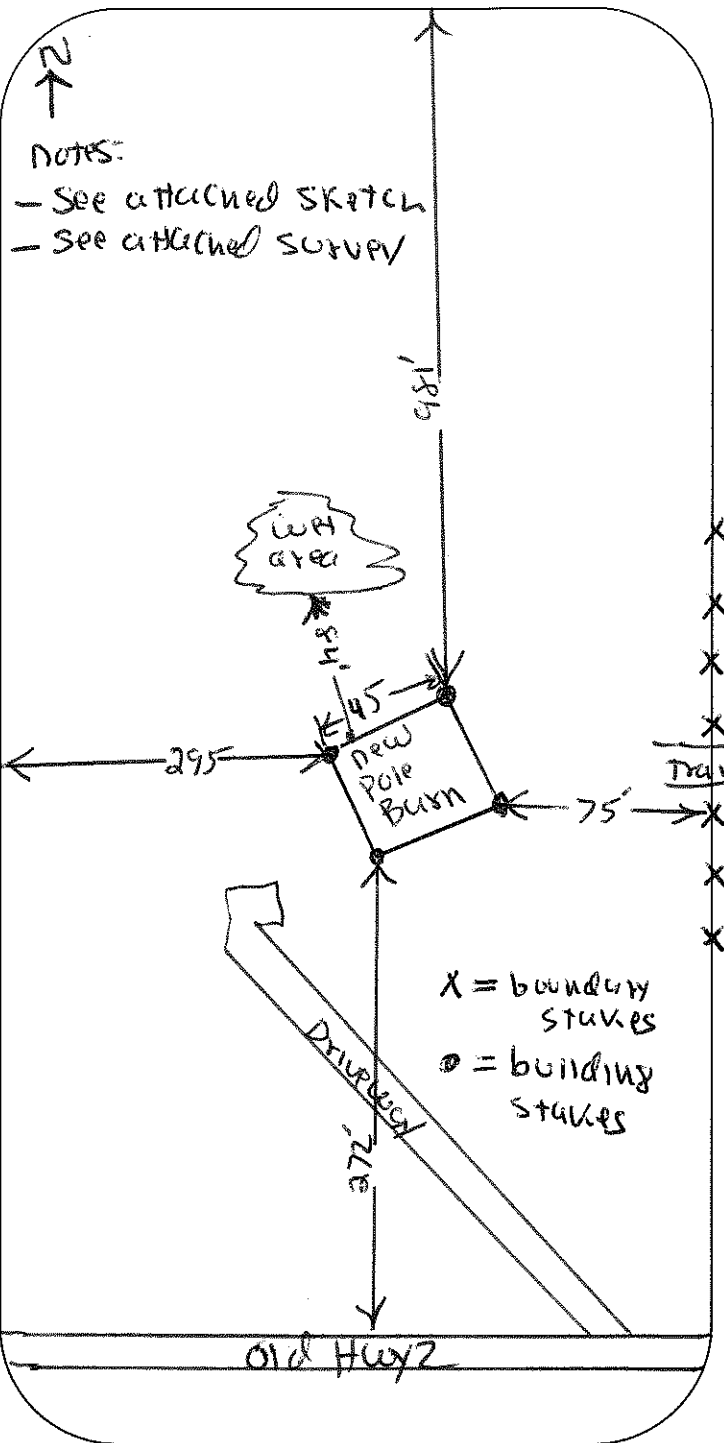
Owner(s): Richard & Jody Halet Date 9/18/2014
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit ~~301 Lakeshore Drive East~~ 301 Lakeshore Drive East
Ashtland WI 54806
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Copy of Tax Statement ☒ Attached
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch Your Property (Regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property **NO EXISTING STRUCTURES**
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description | Measurement | Description | Measurement |
|---|-------------|--|-------------|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River Stream, Creek | Feet |
| Setback from the North Lot Line | Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | Feet | 20% Slope Area on property | Feet |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | Feet |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | Feet |
| Setback to Drain Field | Feet | | Feet |
| Setback to Privy (Portable, Composting) | Feet | | Feet |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|---|---|---|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 14-0366 | Permit Date: 9-29-14 | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) | Case #: | Previously Granted by Variance (B.O.A.) | Case #: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inspection Record: | | | | |
| Was Staked. Metes all setbacks. | | | | |
| Date of Inspection: 9-26-14 | Inspected by: M. Fustela | Zoning District (F-1) | Lakes Classification (NA) | Date of Re-Inspection: |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached) | | | | |
| May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure. | | | | |
| Signature of Inspector: Michael Givels | Date of Approval: 9-29-14 | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |